| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF OREGON | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Justin First name Paul Middle name | First name Middle name |
| | Bring your picture identification to your meeting with the trustee. | Cerda Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you hav used in the last 8 years | e | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0291 | |

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|--|---|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | EINs | EINs |
| Where you live | 2988 Game Farm Road | If Debtor 2 lives at a different address: |
| | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | Lane County | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filling this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) Business name(s) Business name(s) Business name(s) Business name(s) Business name(s) Business name or EINs. Business name or |

| Deb | otor 1 Justin Paul Cerda | | | | | Case number (if known) | |
|-----|---|-----------------------|------------------------------|--|---|--|--|
| | | | | | | | |
| Par | t 2: Tell the Court About | our Bank | cruptcy Ca | ase | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | | each, see <i>Notice Required by</i> ge 1 and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing te box. | for Bankruptcy |
| | choosing to file under | ☐ Chap | ter 7 | | | | |
| | | ☐ Chap | ter 11 | | | | |
| | | ☐ Chap | ter 12 | | | | |
| | | ■ Chap | ter 13 | | | | |
| 8. | How you will pay the fee | abo | out how yo | ou may pay. Typicall attorney is submittii | ly, if you are paying the fee yo | ck with the clerk's office in your local cour ourself, you may pay with cash, cashier's lalf, your attorney may pay with a credit c | check, or money |
| | | | | | | on, sign and attach the Application for Ind | dividuals to Pay |
| | | | • | ee in Installments (O | • | n only if you are filing for Chapter 7. By la | aw a judge may |
| | | bu [.] ap | t is not req plies to you | uired to, waive your ur family size and yo | r fee, and may do so only if yo ou are unable to pay the fee i | our income is less than 150% of the officing in installments). If you choose this option, cial Form 103B) and file it with your petitical. | al poverty line that you must fill out |
| 9. | Have you filed for | ■ No. | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known _ | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No. | Go to I | ine 12. | | | |
| | | ☐ Yes. | Has yo | our landlord obtained | d an eviction judgment agains | st you and do you want to stay in your res | sidence? |
| | | | | No. Go to line 12. | | | |
| | | | | Yes. Fill out <i>Initial</i> bankruptcy petition | | Judgment Against You (Form 101A) and | file it with this |
| | | | | | | | |

| Deb | otor 1 Justin Paul Cerda | | | Case number (if known) |
|-----|---|------------------------------|---------------------------------|---|
| | | | | |
| Par | Poport About Any Pu | icinoccoc | You Own as a Sole Proprie | tor. |
| Гаі | 15. Report About Any Bu | 1511162262 | Tou Own as a Sole Proprie | 101 |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | |
| | | ☐ Yes. | Name and location of bus | niness |
| | A sole proprietorship is a | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | |
| | If you have more than one sole proprietorship, use a | | Number, Street, City, Stat | te & ZIP Code |
| | separate sheet and attach it to this petition. | | Check the appropriate bo | x to describe your business: |
| | , | | | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | _ • | efined in 11 U.S.C. § 101(53A)) |
| | | | | er (as defined in 11 U.S.C. § 101(6)) |
| | | | ☐ None of the above | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation in 11 U.S | s. If you indicate that you are | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | r am not ming under onap | NGC 111. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| | | | | |
| Par | Report if You Own or | Have Any | Hazardous Property or An | y Property That Needs Immediate Attention |
| 14. | Do you own or have any property that poses or is | ■ No. | | |
| | alleged to pose a threat | ☐ Yes. | | |
| | of imminent and identifiable hazard to | | What is the hazard? | |
| | public health or safety? | | | |
| | Or do you own any property that needs | | If immediate attention is | |
| | immediate attention? | | needed, why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | |
| | | | | Number, Street, City, State & Zip Code |
| | | | | |
| | | | | |
| | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Der | Justin Paul Cerda | | | Case num | ibei (ii kiiowii) | | | |
|-----|---|--|--|---|---|--|--|--|
| Par | t 6: Answer These Questi | ions for R | eporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | individual primarily for a pe | consumer debts? Consumer debts are d rsonal, family, or household purpose." | efined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you | owe that are not consumer debts or busing | ness debts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapte | er 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt | ☐ Yes. | | . Do you estimate that after any exempt pravailable to distribute to unsecured credito | roperty is excluded and administrative expenses rs? | | | |
| | after any exempt property is excluded and administrative expenses are paid that funds will | | □ No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-1 □ 200-9 | 99 | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | |
| 19. | How much do you estimate your assets to be worth? | 1 \$100, | 550,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | | | |
| 20. | How much do you estimate your liabilities to be? | \$ 100, | 550,000 001 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| Par | t7: Sign Below | | | | | | | |
| For | you | I have ex | camined this petition, and I de | eclare under penalty of perjury that the infe | ormation provided is true and correct. | | | |
| | | | | 7, I am aware that I may proceed, if eligib relief available under each chapter, and I | ole, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | | | |
| | | | | I not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b). | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| | | bankrupt and 357 | cy case can result in fines up 1. | | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | Justin P | n Paul Cerda Paul Cerda e of Debtor 1 | Signature of Dek | otor 2 | | | |
| | | Executed | d on April 11, 2017 | Executed on | | | | |
| | | | MM / DD / YYYY | | /IM / DD / YYYY | | | |

| Debtor 1 Justin Paul Cerda | | Cas | e number (if known) |
|---|--|-----------------------|---|
| | | | |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petitic under Chapter 7, 11, 12, or 13 of title 11, United Sta for which the person is eligible. I also certify that I | ates Code, and have e | explained the relief available under each chapter |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, cert schedules filed with the petition is incorrect. | | () |
| | /s/ Lars H. Olsen OSB | Date | April 11, 2017 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Lars H. Olsen OSB | | |
| | OlsenDaines | | |
| | Firm name | | |
| | PO Box 12829 | | |
| | 3995 Hagers Grove Road | | |
| | Salem, OR 97309 Number, Street, City, State & ZIP Code | | |
| | Hamber, Greek, Oky, State & Zir Odde | | |

Email address

Contact phone (503) 362-9393

#91387 Bar number & State

| Fill | n this information to identify your | case. | | | |
|--------|--|--|--|--------------|-------------------------------|
| Deb | | | | | |
| Dec | First Name | Middle Name | Last Name | | |
| | or 2 se if, filing) First Name | Middle Name | Last Name | | |
| Unit | ed States Bankruptcy Court for the: | DISTRICT OF OREGON | N . | | |
| Cas | e number | | | | |
| (if kn | | | | _ | k if this is an ded filing |
| | | | | | - |
| Of | icial Form 106Sum | | | | |
| | | and Liabilities ar | nd Certain Statistical Information | | 12/15 |
| infor | mation. Fill out all of your schedu original forms, you must fill out a —— | les first; then complete th | are filing together, both are equally responsible ne information on this form. If you are filing amends the box at the top of this page. | | |
| rail | 1. Summarize Tour Assets | | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official F 1a. Copy line 55, Total real estate, | orm 106A/B) from Schedule A/B | | \$ | 222,367.00 |
| | 1b. Copy line 62, Total personal pro | operty, from Schedule A/B | | \$ | 91,510.00 |
| | 1c. Copy line 63, Total of all proper | ty on Schedule A/B | | \$ | 313,877.00 |
| Part | 2: Summarize Your Liabilities | | | | |
| | | | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have C 2a. Copy the total you listed in Colu | | (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 181,785.00 |
| 3. | Schedule E/F: Creditors Who Have 3a. Copy the total claims from Pari | Unsecured Claims (Officia 1 (priority unsecured claim | I Form 106E/F) s) from line 6e of Schedule E/F | \$ | 4,270.00 |
| | 3b. Copy the total claims from Part | 2 (nonpriority unsecured c | laims) from line 6j of Schedule E/F | \$ | 25,851.00 |
| | | | Your total liabilities | \$ | 211,906.00 |
| Part | 3: Summarize Your Income and | d Expenses | | | |
| 4. | Schedule I: Your Income (Official F Copy your combined monthly incom | | 1 | \$ | 3,402.00 |
| 5. | Schedule J: Your Expenses (Official Copy your monthly expenses from | , | | \$ | 3,002.00 |
| Part | 4: Answer These Questions fo | r Administrative and Stati | stical Records | | |
| 6. | Are you filing for bankruptcy und ☐ No. You have nothing to report | • | heck this box and submit this form to the court with y | our other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | | | |
| | | | debts are those "incurred by an individual primarily fog for statistical purposes. 28 U.S.C. § 159. | r a personal | , family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____4,691.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 4,270.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 4,270.00 |

| Fill in this informati Debtor 1 | on to identify y | our case and th | is filing: | : | | | |
|--|--|----------------------|------------|--|---|--|---|
| Debtor 1 | | | | | | | |
| | Justin Paul Ce | | | | | | |
| | First Name | Middle | Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) F | First Name | Middle | Name | Last Name | | | |
| United States Bankru | ptcy Court for t | he: DISTRICT | OF ORE | GON | | | |
| Case number | | | | | | | ☐ Check if this is a amended filing |
| Official Form | 106A/B | | | | | | |
| Schedule | A/B: Pr | operty | | | | | 12/15 |
| nformation. If more spanswer every question Part 1: Describe Eacl | ace is needed, at | tach a separate sh | neet to th | married people are filing together, bot is form. On the top of any additional p | ages, write you | | |
| . שט you own or nave | any legal or equ | itable interest in a | ny reside | ence, building, land, or similar propert | y? | | |
| □ No. Go to Part 2. ■ Yes. Where is the | | itable interest in a | ny reside | ence, building, land, or similar propert | y? | | |
| □ No. Go to Part 2. | property? arm Road | | | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | Do not d | unt of any secure | aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. |
| No. Go to Part 2. Yes. Where is the 2988 Game Fa | property? arm Road | | What i | is the property? Check all that apply Single-family home Duplex or multi-unit building | Do not de the amo Creditor. Current | unt of any secure | d claims on Schedule D: |
| No. Go to Part 2. Yes. Where is the 1.1 2988 Game For Street address, if available in the street address if available in the street address if available in the street address is a street address. | property? arm Road ilable, or other descr | ription | What i | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Do not de the amo Creditor. Current entire p Describ (such as | e the nature of y | d claims on Schedule D: ns Secured by Property. Current value of the |
| No. Go to Part 2. Yes. Where is the 2988 Game For Street address, if available Springfield | property? arm Road illable, or other descr | ription 97477-0000 | What i | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Do not de the amo Creditor. Current entire p Describ (such as | e the nature of ys fee simple, if known. | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$222,367.00 our ownership interest |
| No. Go to Part 2. Yes. Where is the 2988 Game For Street address, if available Springfield | property? arm Road illable, or other descr | ription 97477-0000 | What i | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other nas an interest in the property? Check of | Do not de the amo Creditor. Current entire p Describ (such as a life es | e the nature of ys fee simple, if known. | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$222,367.00 our ownership interest |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debu | | ctors, sport utility ve | | ase number (if known) | |
|--------------|---|--|--|-------------------------------|---|
| o. Ca | , , , | ctors, sport utility ve | micies, motorcycles | | |
| _ | No Yes | | | | |
| _ | res | | | | |
| 3.1 | _{Make:} Toyota | | Who has an interest in the property? Check one | | claims or exemptions. Put |
| | Model: Pickup | | ■ Debtor 1 only | | ed claims on Schedule D: nims Secured by Property. |
| | Year: 1992 | | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage | 254000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | 1 | \square At least one of the debtors and another | | |
| | | | Check if this is community property (see instructions) | \$1,500.00 | \$1,500.00 |
| 3.2 | Make: Colema | n | Who has an interest in the property? Check one | | claims or exemptions. Put ed claims on Schedule D: |
| | Model: Mini Bik | e | ■ Debtor 1 only | | nims Secured by Property. |
| | Year: 2016 | | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage | | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | | \square At least one of the debtors and another | | |
| | | | Check if this is community property (see instructions) | \$200.00 | \$200.00 |
| Part 3 | : Describe Your Per | sonal and Household Ite | ems terest in any of the following items? | | Current value of the portion you own? Do not deduct secured |
| | usehold goods and kamples: Major appli | I furnishings ances, furniture, linens | , china, kitchenware | | claims or exemptions. |
| | No Yes. Describe | | | | |
| | | Household Good | ls and Furniture | | \$3,000.00 |
| | • | and radios; audio, vide all phones, cameras, m | eo, stereo, and digital equipment; computers, printe nedia players, games | rs, scanners; music collect | ions; electronic devices |
| | | Electronics | | | \$200.00 |
| <i>E</i> : | other collect | nd figurines; paintings, tions, memorabilia, co | prints, or other artwork; books, pictures, or other an llectibles | t objects; stamp, coin, or ba | aseball card collections; |
| | Yes. Describe | | | | |
| | I Form 106A/B | | Schedule A/B: Property | | page 2 |

Case 17-61182-tmr13 Doc 1 Filed 04/17/17

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Best Case Bankruptcy

| D | ebtor 1 | Justin Paul Cerda | Case number (if known) | |
|-----|--|---|---|---|
| | | | | |
| 9. | Example _ | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equip musical instruments | ment; bicycles, pool tables, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| | □ No ■ Yes. | Describe | | |
| | | Sporting and Hobby Equipment | | \$200.00 |
| 10. | □ No | ns les: Pistols, rifles, shotguns, ammunition, and related equ Describe | ipment | |
| | | .22 rifle | | \$100.00 |
| 11. | □ No | s bles: Everyday clothes, furs, leather coats, designer wear, Describe | shoes, accessories | |
| | | Clothing | | \$300.00 |
| | ■ No □ Yes. Non-far Example ■ No □ Yes. Any oth ■ No | Describe rm animals bles: Dogs, cats, birds, horses Describe Describe Describe der personal and household items you did not already Give specific information | | oid, Silver |
| 15 | | he dollar value of all of your entries from Part 3, includert 3. Write that number here | | \$3,800.00 |
| | | scribe Your Financial Assets on or have any legal or equitable interest in any of the | following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | oles: Money you have in your wallet, in your home, in a sat | | on |
| | | | Cash on hand | \$10.00 |
| 17. | Exampi | ts of money oles: Checking, savings, or other financial accounts; certific institutions. If you have multiple accounts with the sa | | ouses, and other similar |
| | □ No ■ Yes | Instit | tution name: | |
| | | | | |

Schedule A/B: Property

Official Form 106A/B

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| De | ebtor 1 Justin Pau | ul Cerda | | Case number (if kno | wn) |
|-----|--|-------------------------|-----------------------------|---|-----------------------------------|
| | | | | | |
| | | 17.1. | Savings | Selco Community Credit Union | \$0.00 |
| | | 17.2. | Checking | Selco Community Credit Union (negative balance) | \$0.00 |
| | | 17.3. | Savings | McKenzie Valley Register Guard | \$0.00 |
| 18. | Bonds, mutual fund Examples: Bond fur | | | okerage firms, money market accounts | |
| | ☐ Yes | | Institution or issuer | name: | |
| 19. | Non-publicly traded joint venture ■ No | d stock and | interests in incorp | orated and unincorporated businesses, including an inte | erest in an LLC, partnership, and |
| | Yes. Give specific | | about them me of entity: | % of ownership: | |
| 20. | Negotiable instrume Non-negotiable inst | e <i>nt</i> s include p | personal checks, cas | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| | ■ No☐ Yes. Give specific | | about them uer name: | | |
| 21. | Retirement or pens Examples: Interests ☐ No | | | 103(b), thrift savings accounts, or other pension or profit-shar | ring plans |
| | Yes. List each acc | | tely. of account: | Institution name: | |
| | | 401(| <) | Vanguard (Loan \$20,000) | \$86,000.00 |
| 22. | | used deposit | ts you have made so | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications com | npanies, or others |
| | ■ No □ Yes | | | Institution name or individual: | |
| 23. | ■ No | · | . , | ey to you, either for life or for a number of years) | |
| | ☐ Yes | Issuer nam | ne and description. | | |
| 24. | Interests in an educ 26 U.S.C. §§ 530(b)(■ No | | | ualified ABLE program, or under a qualified state tuition | program. |
| | ☐ Yes | Institution r | name and descriptio | n. Separately file the records of any interests.11 U.S.C. § 52 | 1(c): |
| | ■ No | | | other than anything listed in line 1), and rights or powers | exercisable for your benefit |
| | ☐ Yes. Give specific | information | about them | | |
| 26. | | | | nd other intellectual property eds from royalties and licensing agreements | |
| | ☐ Yes. Give specific | information | about them | | |

| btor 1 | Justin Paul Cerda | Case number (if known) | |
|---------------|--|---|---|
| | | oldings, liquor licenses, professional licenses | |
| ■ No | | | |
| ☐ Yes. | Give specific information about them | | |
| oney or p | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Tax ref | unds owed to you | | |
| ■ No | | | |
| ☐ Yes. | Give specific information about them, including whether you alread | y filed the returns and the tax years | |
| | | | |
| Examp ■ No | oles: Past due or lump sum alimony, spousal support, child support, | maintenance, divorce settlement, property se | ettlement |
| — 100. | Ove specific information | | |
| Examp _ | | s, sick pay, vacation pay, workers' compensa | ation, Social Security |
| | Civo specific information | | |
| □ res. | Give specific information | | |
| Ехатр | | A); credit, homeowner's, or renter's insurance | |
| | Name the insurance company of each policy and list its value | | |
| | Company name: | Beneficiary: | Surrender or refund value: |
| If you a | are the beneficiary of a living trust, expect proceeds from a life insul | rance policy, or are currently entitled to receive | e property because |
| ■ No | | | |
| ☐ Yes. | Give specific information | | |
| Ехатр | | | |
| | Describe each claim | | |
| | | | |
| | contingent and unliquidated claims of every nature, including c | ounterclaims of the debtor and rights to se | et off claims |
| | Describe each claim | | |
| | | | |
| _ ` | ancial assets you did not already list | | |
| | Give specific information | | |
| | Cive opeoine illionnation. | _ | |
| | | | \$86,010.00 |
| rt 5: Des | scribe Any Business-Related Property You Own or Have an Interest In. | List any real estate in Part 1. | |
| Do you o | www.or have any legal or equitable interest in any business related arong | merty? | |
| - | , | Gity: | |
| _ | | | |
| | License Examp No Yes. No Yes. No Yes. No Yes. Family Examp No Yes. No Yes. Interes Examp No Yes. No Yes. Interes Examp No Other Co No Ot | Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association h No Yes. Give specific information about them Interest in insurance policies Examples: Health, disability, or life insurance; health savings account (HS) No Yes. Name the insurance company of each policy and list its value. Company name: Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance has died. No Yes. Give specific information Claims against third parties, whether or not you have filed a lawsuit of Examples: Accidents, employment disputes, insurance claims, or rights to No Yes. Describe each claim Any financial assets you did not already list No Yes. Describe Any Business-Related Property You Own or Have an Interest In. Interest In. Universed Any Business-Related Property You Own or Have an Interest In. Interest In. Universed Any Business-Related Property You Own or Have an Interest In. Interest In. Universed Any Business-Related Property You Own or Have an Interest In. Interest In. Interest Any Business-Related Property You Own or Have an Interest In. Interest Describe Any Business-Related Property You Own or Have an Interest In. Interest Describe Any Business-Related Property You Own or Have an Interest In. Interest Describe Any Business-Related Property You Own or Have an Interest In. Interest Describe Any Business-Related Property You Own or Have an Interest In. Interest Describe Any Business-Related Property You Own or Have an Interest In. Interest Describe Any Business-Related Property You Own or Have an Interest In. Int | Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them nery or property owed to you? Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property see No No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation benefits; unpaid loans you made to someone else No Yes. Give specific information Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive someone has died. No Yes. Give specific information Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim Any financial assets you did not already list No Yes. Describe each claim Any financial assets you and not already list No Yes. Give specific information. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here |

| Debto | or 1 Justin Paul Cerda | | Case number (if known) | |
|--------------|---|------------------------|------------------------------|--------------|
| Part 6 | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. D | o you own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| Part 7 | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| | o you have other property of any kind you did not already list' Examples: Season tickets, country club membership | ? | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| Part 8 | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$222,367.00 |
| 56. | Part 2: Total vehicles, line 5 | \$1,700.00 | _ | |
| 57. | Part 3: Total personal and household items, line 15 | \$3,800.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$86,010.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$91,510.00 | Copy personal property total | \$91,510.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$313,877,00 |

| Fill in this information to identify your case: | | | | | | | | |
|---|------------|--------------------|-----------|---------------------|--|--|--|--|
| Debtor 1 | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | DISTRICT OF OREGON | | | | | | |
| Case number | | | | | | | | |
| (if known) | | | | Check if this is an | | | | |
| | | | | amended filing | | | | |
| | | | | amended filing | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemi | otions are vo | u claiming? | Check one only. | even if vou | r spouse is filing | with v | /ou |
|----|--------------------|---------------|-------------|-----------------|-------------|--------------------|--------|-----|
| | | | | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption |
|--|---|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 2988 Game Farm Road Springfield, OR 97477 Lane County | \$222,367.00 | - | \$40,000.00 | ORS §§ 18.395, 18.402 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 1992 Toyota Pickup 254000 miles Line from Schedule A/B: 3.1 | \$1,500.00 | | \$3,000.00 | ORS § 18.345(1)(d) |
| Ellie Holli Genedale A.B. G. 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2016 Coleman Mini Bike Line from <i>Schedule A/B</i> : 3.2 | \$200.00 | | \$200.00 | ORS § 18.345(1)(p) |
| Ellie Holli osilodalo 7VB. C.E | | | 100% of fair market value, up to any applicable statutory limit | |
| Household Goods and Furniture Line from Schedule A/B: 6.1 | \$3,000.00 | | \$3,000.00 | ORS § 18.345(1)(f) |
| Line Irom Schedule AVD. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Electronics Line from Schedule A/B: 7.1 | \$200.00 | | \$190.00 | ORS § 18.345(1)(p) |
| Line from <i>Schedule AVD</i> . 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| De | ebtor 1 Justin Paul Cerda | | | Case number (if known) | | | | | |
|----|--|---|----------|---|------------------------------------|--|--|--|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | Sporting and Hobby Equipment Line from <i>Schedule A/B</i> : 9.1 | \$200.00 | ■ | \$200.00 100% of fair market value, up to any applicable statutory limit | ORS § 18.345(1)(a) | | | | |
| | .22 rifle Line from Schedule A/B: 10.1 | \$100.00 | | \$100.00 100% of fair market value, up to any applicable statutory limit | ORS § 18.362 | | | | |
| | Clothing Line from <i>Schedule A/B</i> : 11.1 | \$300.00 | | \$300.00 100% of fair market value, up to any applicable statutory limit | ORS § 18.345(1)(b) | | | | |
| | Cash on hand Line from <i>Schedule A/B</i> : 16.1 | \$10.00 | | \$10.00 100% of fair market value, up to any applicable statutory limit | ORS § 18.345(1)(p) | | | | |
| | 401(k): Vanguard (Loan \$20,000) Line from <i>Schedule A/B</i> : 21.1 | \$86,000.00 | | 100% 100% of fair market value, up to any applicable statutory limit | ORS §§ 18.358, 238.445 | | | | |
| 3. | 8. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes | | | | | | | | |

| Fill in this inforr | nation to identify you | r case: | | | | |
|--|---|--|-----------------|--|---------------------------|-------------------|
| Debtor 1 | Justin Paul Cerda | | | | | |
| Dobtor 2 | First Name | Middle Name Las | st Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Las | st Name | | | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF OREGON | | | | |
| C | | | | | | |
| Case number _ | | | | | ☐ Check | if this is an |
| | | | | | amend | led filing |
| Official Forn | n 106D | | | | | |
| | | Who Have Claims Se | cured b | y Propert | y | 12/15 |
| Be as complete and is needed, copy the | d accurate as possible. In a Additional Page, fill it o | f two married people are filing together, bout, number the entries, and attach it to thi | oth are equally | y responsible for su | upplying correct informa | |
| number (if known). | | | | | | |
| | have claims secured by | , , , , | | and the second as | a manufacture their forms | |
| _ | | is form to the court with your other sche | eaules. You n | lave nothing else t | o report on this form. | |
| | all of the information b | pelow. | | | | |
| | II Secured Claims | | | Column A | Column B | Column C |
| | | nore than one secured claim, list the creditor a particular claim, list the other creditors in P | separately | Amount of claim | Value of collateral | Unsecured |
| | | al order according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 401(k) Loa | an | Describe the property that secures the cl | | \$20,000.00 | \$86,000.00 | \$0.00 |
| Creditor's Nam | е | 401(k): Vanguard (Loan \$20,000) | | | | |
| | | As of the date you file, the claim is: Check | k all that | | | |
| | | apply. | | | | |
| Number, Street | , City, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | | |
| , , | , , , , | ☐ Disputed | | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortg | gage or secured | t | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and De | - | ☐ Statutory lien (such as tax lien, mechanic | ic's lien) | | | |
| _ | he debtors and another | Judgment lien from a lawsuit | | | | |
| ☐ Check if this cl community de | | Other (including a right to offset) | | | | |
| Date debt was inc | urred | Last 4 digits of account number | | | | |
| 2.2 PennyMag | | Describe the property that secures the cl | laim: | \$161,785.00 | \$222,367.00 | \$0.00 |
| Creditor's Nam | | 2988 Game Farm Road Springfield | | Ψ101,100.00 | Ψ222,001.00 | |
| c/o David | A. Spector, | OR 97477 Lane County | , | | | |
| President | • | As of the date you file, the claim is: Check | k all that | | | |
| 6101 Con | | apply. | K all triat | | | |
| | CA 93021 | Contingent | | | | |
| Number, Street | , City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortg | gage or secured | d | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and De | ebtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | ic's lien) | | | |
| ☐ At least one of t | he debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| Check if this cl | | Other (including a right to offset) | rtgage | | | |
| Data dalat | urrod 05/2012 | Look & digital of account to the | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1 | Justin Paul Cerda | a | | Case number (if know) | |
|----------|-------------------|-------------|-----------|-----------------------|--|
| | First Name | Middle Name | Last Name | | |

| Add the dollar value of your entries in Column A on this page. Write that number here: | \$181,785.00 |
|--|--------------|
| If this is the last page of your form, add the dollar value totals from all pages. | \$181.785.00 |
| Write that number here: | Ψ101,700.00 |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill | l in this inforr | nation to identify your | case: | | | | | |
|----------------------------|---|--|---|---|--|---|--|---|
| De | btor 1 | Justin Paul Cerda | Middle N | ame | Last Name | | | |
| | btor 2 ouse if, filing) | First Name | Middle N | | Last Name | | | |
| | | nkruptcy Court for the: | | OF OREGON | | | | |
| OII | iled States Da | Tikrupicy Court for the. | DIOTRIOT | DI ORLOGIV | | | | |
| | se number _ nown) | | | _ | | | | c if this is an ded filing |
| | ficial Forn hedule E | <u>n 106E/F</u> <mark>:/F: Creditors W</mark> | 'ho Have | Unsecu | red Claims | | | 12/15 |
| any Sch Sch left. | executory cont edule G: Execu edule D: Credit Attach the Con | racts or unexpired leases tory Contracts and Unexp ors Who Have Claims Sec | that could resi ired Leases (O ured by Proper | ult in a claim. fficial Form 10 ty. If more spa | RIORITY claims and Part 2 fo Also list executory contract 66). Do not include any cre ice is needed, copy the Part i to report in a Part, do not f | s on Schedule A/B: F ditors with partially s you need, fill it out, | Property (Official Fo secured claims that number the entries | rm 106A/B) and on are listed in in the boxes on the |
| | | II of Your PRIORITY Un | | | | | | |
| 1. | _ | ors have priority unsecure | d claims again | st you? | | | | |
| | ☐ No. Go to P | art 2. | | | | | | |
| | Yes. | | | | | | | |
| 2. | identify what typossible, list the | pe of claim it is. If a claim ha | as both priority a er according to t | nd nonpriority a he creditor's na | ne priority unsecured claim, lis amounts, list that claim here a ime. If you have more than tw ditors in Part 3. | nd show both priority a | and nonpriority amou | nts. As much as |
| | (For an explana | ation of each type of claim, s | see the instruction | ons for this form | n in the instruction booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | IRS | | La | ast 4 digits of | account number | \$3,270.00 | \$3,270.00 | _ |
| | • | editor's Name zed Insolvency Oper. 7346 | w | hen was the d | ebt incurred? | | - | |
| | | phia, PA 19101-7346 treet City State Zlp Code | | s of the date v | ou file, the claim is: Check a | all that apply | | |
| | | d the debt? Check one. | | Contingent | ou me, me ciami is. Check a | ш шасарріу | | |
| | ■ Debtor 1 c | only | | Unliquidated | | | | |
| | Debtor 2 c | • | | Disputed | | | | |
| | _ | and Debtor 2 only | | | TY unsecured claim: | | | |
| | | ne of the debtors and anothe | _ | | port obligations | | | |
| | | | | | rtain other debts you owe the | government | | |
| | | subject to offset? | | ■ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated | | | | |
| | ■ No | | | Other. Specif | | | | |
| | Yes | | _ | - Striot. Opcoli | 2015 taxes owing | | | - : |

Best Case Bankruptcy

| Debto | r 1 Justin Paul Cerda | Case number (if know) | |
|---------|--|---|---------------------------|
| 2.2 | ODR Priority Creditor's Name Attn: Bankruptcy Unit 955 Center St NE Salem. OR 97302-2555 | Last 4 digits of account number \$1,000.00 \$1,000.00 When was the debt incurred? | 0.00 \$0.00 |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| ١ | Vho incurred the debt? Check one. | ☐ Contingent | |
| ı | Debtor 1 only | ☐ Unliquidated | |
| [| Debtor 2 only | ☐ Disputed | |
| [| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | |
| [| $\operatorname{\beth}$ At least one of the debtors and another | ☐ Domestic support obligations | |
| [| ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you owe the government | |
| l | s the claim subject to offset? | ☐ Claims for death or personal injury while you were intoxicated | |
| ı | No | ☐ Other. Specify | |
| [| Yes | taxes owing | |
| 4. List | secured claim, list the creditor separately for each claim | alphabetical order of the creditor who holds each claim. If a creditor has more tha aim. For each claim listed, identify what type of claim it is. Do not list claims already inc creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |
| 4.1 | Best Buy Stores,L.P. | Last 4 digits of account number | \$850.00 |
| <u></u> | Nonpriority Creditor's Name 7601 Penn Avenue S Richfield, MN 55423 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | _ |

| Debtor | 1 Justin Paul Cerda | Case number (if know) | |
|--------|--|---|------------|
| 4.2 | Comenity Bank. Nonpriority Creditor's Name | Last 4 digits of account number | \$2,765.00 |
| | c/o John J. Coane, Pres. 1 Righter Pkwy, Ste 100 Wilmington, DE 19803-1533 | When was the debt incurred? | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | |
| 4.3 | Discount Tire Nonpriority Creditor's Name | Last 4 digits of account number | \$1,800.00 |
| | GE Money POB 960061 Orlando, FL 32896 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| 4.4 | Dish Network. Nonpriority Creditor's Name | Last 4 digits of account number | \$448.00 |
| | P.O.Box 6655 Englewood, CO 80155 | When was the debt incurred? | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Utility | |

| Debto | r 1 Justin Paul Cerda | Case number (if know) | |
|-------|--|---|----------|
| 4.5 | Kohl's Nonpriority Creditor's Name | Last 4 digits of account number | \$400.00 |
| | PO Box 3084 | When was the debt incurred? | |
| | Milwaukee, WI 53201-3120 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | |
| 4.6 | McKenzie Valley Federal Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | c/o Kolin McMann, Pres. PO Box 823 | When was the debt incurred? | |
| | Springfield, OR 97477 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <u></u> | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Notice Only | |
| 4.7 | Oregon Medical Group. | Last 4 digits of account number | \$257.00 |
| | Nonpriority Creditor's Name 1580 Valley River Drive Eugene, OR 97401-6086 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Medical | |

| Debtor | ¹ Justin Paul Cerda | Case number (if know) | |
|--------|--|---|-------------|
| 4.8 | Portfolio Recovery Associates Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | c/o Steven D. Fredrickson, CEO 120 Corporate Blvd. Norfolk, VA 23502 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Notice Only | |
| | | | |
| 4.9 | Professional Credit Service. Nonpriority Creditor's Name | Last 4 digits of account number | \$289.00 |
| | c/o Joseph Hawes, Auth. Rep. PO Box 7548 | When was the debt incurred? | |
| | Eugene, OR 97401 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Collection | |
| 4.1 | Register Guard Federal Credit Union. | Last 4 digits of account number | \$14,000.00 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ. 1,000.00 |
| | c/o Carolyn Smith, CEO 850 Beltline Rd. | When was the debt incurred? | |
| | Springfield, OR 97477 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit | |

Official Form 106 E/F

| Debtor 1 Justin Paul Cerda | | Case number (if know) | | | | | |
|----------------------------|--|--|------------|--|--|--|--|
| 1.1 | SELCO Community Credit Union. | Last 4 digits of account number | \$1,334.00 | | | | |
| | Nonpriority Creditor's Name c/o Bob Newcomb, CEO 299 East 11th Ave | When was the debt incurred? | . , | | | | |
| | Eugene, OR 97401 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No □ Yes | □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Overdrawn account | | | | | |
| l.1 | SELCO Community Credit Union. Nonpriority Creditor's Name | Last 4 digits of account number | \$753.00 | | | | |
| | PO Box 7487 Springfield, OR 97475 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | _ | | | | | |
| | <u> </u> | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ■ No □ Yes | Other. Specify Credit Card | | | | | |
| l.1 | The Home Denet Inc | | ¢700.00 | | | | |
| | The Home Depot, Inc. Nonpriority Creditor's Name 2455 Paces Ferry Rd. NW | Last 4 digits of account number When was the debt incurred? | \$700.00 | | | | |
| | Atlanta, GA 30339 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify Credit Card | | | | | |

| Justin Paul Cerda | Case number (if know) | |
|---|--|---------------------------------|
| | | |
| • | Last 4 digits of account number | \$255.00 |
| | When was the debt incurred? | |
| | | |
| | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| <u> </u> | | |
| • | Type of NONPRIORITY unsecured claim: | |
| | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| _ | | |
| | | |
| ⊒ Yes | Other. Specify Medical | |
| Varizon Wireless | Look 4 digits of cooperatory where | \$800.00 |
| | Last 4 digits of account number | Ψ000.00 |
| | When was the debt incurred? | |
| Basking Ridge, NJ 07920 | | |
| | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| | Obligations arising out of a separation agreement or divorce that you did not | |
| _ | <u> </u> | |
| <u>_</u> | Other. Specify Utility | |
| | | |
| | Last 4 digits of account number | \$1,200.00 |
| | When was the debt incurred? | |
| | | |
| | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| <u></u> | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| <u> </u> | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ Other Specify Credit Card | |
| ☐ Yes | Other Specify Citalia Cala | |
| | Justin Paul Ceroa Jugent Care Nonpriority Creditor's Name 1292 High St Eugene, OR 97401 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Verizon Wireless. Nonpriority Creditor's Name One Verizon Way Basking Ridge, NJ 07920 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Walmart Discover. Nonpriority Creditor's Name POB 530927 Atlanta, GA 30353-0927 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? No Debtor 1 only Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? No No No | Last 4 digits of account number |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 8

Official Form 106 E/F

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|------------|---|------------|------------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 4,270.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 4,270.00 |
| Total | 6f. | Student loans | 6f. | \$ Total Claim 0.00 |
| claims from Part 2 | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 25,851.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 25,851.00 |

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1 | Justin Paul Cerda | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF OREGON | | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | - | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | = |
| | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

| Fill in thi | s information to identify your | case: | | | |
|----------------------------|---|---|--|---|---|
| Debtor 1 | Justin Paul Cerda First Name | Middle Name | Last Name | _ | |
| Debtor 2 (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | DISTRICT OF OREGO | N | | |
| Case nun | nber | | | | ☐ Check if this is an amended filing |
| | al Form 106H dule H: Your Cod | ebtors | | | 12/15 |
| people ar | e filing together, both are equ | ally responsible for sup boxes on the left. Attack | plying correct informati h the Additional Page to | on. If more space is n | ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No | | | | | |
| Arizo | thin the last 8 years, have you na, California, Idaho, Louisiana | | | | y states and territories include |
| _ | o. Go to line 3. es. Did your spouse, former spo | use, or legal equivalent liv | e with you at the time? | | |
| in lin Form | e 2 again as a codebtor only i | f that person is a guarar | ntor or cosigner. Make s | sure you have listed th | g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, line | e |
| | Name | | | ☐ Schedule E/F, li ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | | | | Schedule D, line | e |
| | Name | | | ☐ Schedule E/F, li | |
| | Number Street City | State | ZIP Code | _ | |

Schedule H: Your Codebtors

| E | in this information to identify your | | | | | 1 | | | | |
|-------------|--|---|---|--------------|----------|-----------------|----------------------------------|-------------------------|------------------------|-------------------|
| | in this information to identify your oter 1 Justin Paul | | | | | | | | | |
| | otor 2 use, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | ne: DISTRICT OF OREG | ON | | _ | | | | | |
| O Se a | fficial Form 1061 chedule I: Your Incase complete and accurate as po | ssible. If two married peo | | | | 13 in MM / | mended pplemer acome as / DD/ YY | nt showings of the form | | 12/15 ible for |
| spo atta | plying correct information. If you use. If you are separated and you have separated to this form to 1: Describe Employmen | our spouse is not filing w n. On the top of any additi | ith you, do not inclu | ıde infor | mati | on about yo | ur spou | ıse. If mo | ore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | De | ebtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | | Employ Not em | | | |
| | employers. | Occupation | Machine Operate | or | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Kingsford Manuf | facturing | <u> </u> | | | | | |
| | Occupation may include studen or homemaker, if it applies. | Employer's address | 3315 Marcola Ro Springfield, OR | | | | | | | |
| | | How long employed t | here? 14 year | rs | | | | | | |
| Par | Give Details About M | onthly Income | | | | | | | | |
| | mate monthly income as of the use unless you are separated. | date you file this form. If | you have nothing to r | report for | any | line, write \$0 | in the s | pace. Inc | clude your nor | n-filing |
| | u or your non-filing spouse have e space, attach a separate sheet | | ombine the informatio | on for all e | empl | oyers for tha | t person | on the li | nes below. If y | you need |
| | | | | | | For Debtor | r 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | | | 2. | \$ | 4,75 | 3.00 | \$ | N/A | |
| 3. | Estimate and list monthly over | rtime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add | line 2 + line 3. | | 4. | \$ | 4,753.0 | 00 | \$ | N/A | |

| | | | | | For | Debtor 1 | | For Debtor | | |
|-----|---------------------------|---|----------|----|----------|------------|--------|---------------------|---------------------|----------|
| | Сору | / line 4 here | 4. | - | \$_ | 4,753.00 | _ | 8 | N/A | - |
| 5. | List a | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 812.00 | 9 | 6 | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$_ | 0.00 | _ | <u> </u> | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 269.00 | _ | 3 | N/A | - |
| | 5d. | Required repayments of retirement fund loans | 5d. | | \$ | 0.00 | _ (| <u> </u> | N/A | = |
| | 5e. | Insurance | 5e. | | \$_ | 270.00 | _ | <u> </u> | N/A | - |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | _ | <u> </u> | N/A | - |
| | 5g. | Union dues | 5g. | | \$ | 0.00 | - 9 | <u> </u> | N/A | = |
| | 5h. | Other deductions. Specify: | 5h. | + | \$_ | 0.00 | _ + \$ | S | N/A | - |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 5 | \$_ | 1,351.00 | _ | S | N/A | - |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | 9 | \$_ | 3,402.00 | _ | S | N/A | _ |
| | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | | \$ | 0.00 | 9 | S | N/A | |
| | 8b. | Interest and dividends | 8b. | | \$ | 0.00 | _ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ | 0.00 | _ | | N/A | - |
| | 8d. | Unemployment compensation | 8d. | | \$ | 0.00 | _ (| | N/A | - |
| | 8e. | Social Security | 8e. | | \$_ | 0.00 | _ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | | \$ | 0.00 | - | 3 | N/A | - |
| | 8g. | Pension or retirement income | 8g. | | \$ | 0.00 | _ | 3 | N/A | = |
| | 8h. | Other monthly income. Specify: | 8h. | + | \$_ | 0.00 | _ + \$ | 3 | N/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | <u> </u> | 0.00 | | S | N/A | A |
| 10 | Cala: | ulate monthly income. Add line 7 + line 9. | 10. | | | 3.402.00 + | , | N1/A | = \$ | 3,402.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 3,402.00 + | ·— | N/A | = \$ _ | 3,402.00 |
| 11. | State Include other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not | depe | | | • | | in <i>Schedul</i> e | e <i>J</i> . +\$ | 0.00 |
| | | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | | \$ | 3,402.00 |
| | | | | | | | | | Combi | |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | | monthl | y income |
| | | No. | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| EIII | in this informa | tion to identify yo | ur caca: | | | | | | |
|------------|--|---|-------------------------------------|---|---|---------------|--------------------------------------|-------------------------------|---|
| | III IIIIS IIIIOIIIIa | non to identity yo | ui case. | | | | | | |
| Deb | tor 1 | Justin Paul Co | erda | | | | if this is: | | |
| Deb | tor 2 | | | | | _ | in amended filing I supplement show | ving postpetition chapter | |
| (Spo | ouse, if filing) | | | | _ | | | the following date: | |
| Unit | ed States Bankr | uptcy Court for the: | DISTRI | CT OF OREGON | | N | IM / DD / YYYY | | |
| 1 | e number nown) | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | |
| S | chedule | J: Your I | Exper | ises | | | | 12/1 | 5 |
| Be info | as complete a ormation. If m mber (if know | and accurate as | possible eded, atta y questio | . If two married people a ch another sheet to this | | | | | |
| 1. | Is this a join | | noiu | | | | | | _ |
| | ■ No. Go to | | n a conom | ate household? | | | | | |
| | ☐ Yes. Doe : | | ii a sepai | ate nousenoid? | | | | | |
| | = | ~ | t file Offic | al Form 106J-2, Expenses | s for Separate House | hold of Debto | or 2. | | |
| 2. | | e dependents? | | | • | | | | |
| ۷. | • | • | □ No | - | Barrier Lands and M | 1 2 | Barrier Lands | Daniel Inc. | |
| | Do not list De Debtor 2. | eptor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state | | | | Child | | 6 | □ No | |
| | dependents | names. | | | Child | | 6 | ■ Yes | |
| | | | | | | | | □ No □ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | □ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| 3. | expenses of | enses include f people other th d your depender | nan $_{\square}$ | No Yes | | | | | |
| Par | | ate Your Ongoir | | | | | | | _ |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | | |
| | | | | government assistance i | | | | | |
| | ficial Form 10 | | | | | | Your expe | enses | |
| 4. | | or home owners | | ses for your residence. | Include first mortgage | 4. \$ | | 1,250.00 | |
| | If not includ | , | _ g wd c | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. \$ | - | 0.00 | |
| | 4c. Home | maintenance, re | pair, and ı | upkeep expenses | | 4c. \$ | | 100.00 | |
| _ | | owner's associat | | | | 4d. \$ | | 0.00 | |
| 5. | Additional n | nortgage payme | ents for yo | our residence , such as ho | me equity loans | 5. \$ | | 0.00 | |

| ebtor 1 | Justin | Paul Cerda | Case num | ber (if known) | |
|---------|----------------------------|--|-------------|----------------|--------------------------|
| Utili | ities: | | | | |
| 6a. | | city, heat, natural gas | 6a. | \$ | 200.00 |
| 6b. | | sewer, garbage collection | 6b. | | 100.00 |
| 6c. | | none, cell phone, Internet, satellite, and cable services | 6c. | · i ———— | 147.00 |
| 6d. | | Specify: | 6d. | \$ | 0.00 |
| | | pusekeeping supplies | — oa. 7. | \$ | 500.00 |
| | | | | | |
| | | nd children's education costs | 8. | \$ | 0.00 |
| | - | undry, and dry cleaning | 9. | \$ | 100.00 |
| | | re products and services | 10. | \$ | 50.00 |
| . Med | dical and | dental expenses | 11. | \$ | 50.00 |
| | | ion. Include gas, maintenance, bus or train fare. | 10 | ¢. | 300.00 |
| | | le car payments. | 12. | · · · | |
| | | ent, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 90.00 |
| . Cha | aritable c | ontributions and religious donations | 14. | \$ | 0.00 |
| . Insu | urance. | | | | |
| | | le insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a | . Life ins | surance | 15a. | · | 0.00 |
| 15b | . Health | insurance | 15b. | \$ | 0.00 |
| 15c. | . Vehicle | e insurance | 15c. | \$ | 115.00 |
| 15d. | . Other i | insurance. Specify: | 15d. | \$ | 0.00 |
| | | ot include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | cify: | 5. monuto tanos usuatos monte your pay or monutou m miss . 5. 25. | 16. | \$ | 0.00 |
| | | or lease payments: | | · - | |
| | | syments for Vehicle 1 | 17a. | \$ | 0.00 |
| | | syments for Vehicle 2 | 17b. | \$ | 0.00 |
| | . Other. | • | 17c. | \$ | 0.00 |
| | . Other. | | — 17d. | · | 0.00 |
| | | · · · · · | | Φ | 0.00 |
| | | nts of alimony, maintenance, and support that you did not report as om your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| | | ents you make to support others who do not live with you. | | \$ | 0.00 |
| | cify: | ents you make to support others who do not live with you. | 19. | Ψ | 0.00 |
| • | , | roperty expenses not included in lines 4 or 5 of this form or on Sche | | our Incomo | |
| | | ages on other property | 20a. | | 0.00 |
| | - | • • • • | | · · | |
| | | state taxes | 20b. | · | 0.00 |
| | | rty, homeowner's, or renter's insurance | 20c. | · : ——— | 0.00 |
| | | enance, repair, and upkeep expenses | 20d. | · | 0.00 |
| 20e | . Homed | owner's association or condominium dues | 20e. | \$ | 0.00 |
| . Oth | er: Speci | ify: | 21. | +\$ | 0.00 |
| | | | | | |
| | | our monthly expenses | | | |
| | | es 4 through 21. | | \$ | 3,002.00 |
| 22b | . Copy lin | ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. | . Add line | 22a and 22b. The result is your monthly expenses. | | \$ | 3,002.00 |
| | | | | | -, |
| | | our monthly net income. | | | |
| | | ine 12 (your combined monthly income) from Schedule I. | 23a. | · - | 3,402.00 |
| 23b | Copy y | our monthly expenses from line 22c above. | 23b. | -\$ | 3,002.00 |
| | | | | | |
| 23c. | | ct your monthly expenses from your monthly income. | | ¢. | 400.00 |
| | The res | sult is your monthly net income. | 23c. | \$ | 400.00 |
| | example, d | ect an increase or decrease in your expenses within the year after your on you expect to finish paying for your car loan within the year or do you expect your the terms of your mortgage? | | | or decrease because of a |
| modi | | , , , | | | |
| | | | | | |

| Fill in this informa | ation to identify your o | ease: | | | |
|---------------------------------|--|----------------------------|-------------------------------|---|-------|
| Debtor 1 | Justin Paul Cerda | | | | |
| Dahtano | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bank | cruptcy Court for the: | DISTRICT OF OREGON | | | |
| Case number | | | | Charle if this is an | |
| (II KIIOWII) | | | | ☐ Check if this is an amended filing | |
| Official Form Declaration | | n Individual D | ebtor's Sched | ules | 12/15 |
| obtaining money of | or property by fraud in U.S.C. §§ 152, 1341, 19 | connection with a bankrup | | g a false statement, concealing property, up to \$250,000, or imprisonment for up to | |
| Did you pay | or agree to pay some | one who is NOT an attorney | to help you fill out bankrup | tcy forms? | |
| ■ No | | | | | |
| ☐ Yes. Na | me of person | | | Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form | |
| | of perjury, I declare turne and correct. | hat I have read the summar | ry and schedules filed with t | his declaration and | |
| X /s/ Justin | Paul Cerda | | X | | |
| Justin Pa Signature | of Debtor 1 | | Signature of Debtor 2 | 2 | |
| Date Ap | oril 11, 2017 | | Date | | |
| | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill | in this infor | mation to identify you | case: | | | |
|--------------------|--|--|--|------------------------------------|--|------------------------------------|
| Del | otor 1 | Justin Paul Cerda | l | | | |
| | _ | First Name | Middle Name | Last Name | | |
| | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ba | inkruptcy Court for the: | DISTRICT OF OREGON | | | |
| Car | se number | | | | | |
| | nown) | | | | _ | heck if this is an mended filing |
| | | | | | | g |
| Of | ficial Fo | rm 107 | | | | |
| | | - | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| info nun | rmation. If n | nore space is needed, n). Answer every ques | attach a separate sheet to | this form. On the top of any | equally responsible for sup y additional pages, write you | |
| 1. | | r current marital statu | | Lived Belore | | |
| | _ | | | | | |
| | ■ Married■ Not ma | | | | | |
| | | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | ☐ Yes. Lis | st all of the places you li | ived in the last 3 years. Do no | ot include where you live now | <i>1</i> . | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 2 | Within the l | act 9 years, did you ov | vor live with a speuse or lee | ual aquivalent in a commun | ity property state or territory | 12 (Community property |
| 3. state | | | | | ico, Texas, Washington and W | |
| | ■ No | | | | | |
| | _ | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| | | · | · | , | | |
| Pai | t 2 Expla | in the Sources of You | r Income | | | |
| 4. | Fill in the total | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No | | | | | |
| | _ | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until ed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$13,705.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Justin Paul Cerda | number (if known) | | | |
|--|--|---|--|---|
| | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of incom Check all that apply | |
| For last calendar year: (January 1 to December 31, 2016) | ■ Wages, commissions, bonuses, tips | \$50,579.00 | ☐ Wages, commis bonuses, tips | ssions, |
| | ☐ Operating a business | | ☐ Operating a bus | siness |
| For the calendar year before that: (January 1 to December 31, 2015) | ■ Wages, commissions, bonuses, tips | \$53,000.00 | ☐ Wages, commis bonuses, tips | sions, |
| | ☐ Operating a business | | ☐ Operating a bus | siness |
| and other public benefit payments winnings. If you are filing a joint ca List each source and the gross inc No Yes. Fill in the details. | ise and you have income that | you received together, list it o | nly once under Debto | or 1. |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of incom Describe below. | e Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Rental income | \$1,500.00 | | |
| For last calendar year: (January 1 to December 31, 2016) | Rental Income | Unknown | | |
| Part 3: List Certain Payments You | u Made Before You Filed for | Bankruptcy | | |
| individual primarily for | Debtor 2 has primarily const a personal, family, or househo | umer debts. Consumer debts ld purpose." | | S.C. § 101(8) as "incurred by an |
| ☐ No. Go to line | ore you filed for bankruptcy, d 7. | id you pay any creditor a total | of \$6,425* or more? | |
| paid that c not include | each creditor to whom you pa reditor. Do not include payment e payments to an attorney for t | nts for domestic support obligation his bankruptcy case. | ations, such as child | support and alimony. Also, do |
| * Subject to adjustmen | nt on 4/01/19 and every 3 year | s after that for cases filed on | or after the date of ac | ljustment. |
| | or both have primarily consurer you filed for bankruptcy, di | | of \$600 or more? | |
| ☐ No. Go to line | 7. | | | |
| include pa | each creditor to whom you pa yments for domestic support o or this bankruptcy case. | | | paid that creditor. Do not b, do not include payments to an |
| Creditor's Name and Address | Dates of payme | ent Total amount paid | Amount you W | as this payment for |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | otor 1 Justin Paul Cerda | Case number (if known) | | | | | |
|-----|---|---|--|---|--|--|--|
| | | | | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | ayment for | |
| | Register Guard Federal Credit Union. c/o Carolyn Smith, CEO 850 Beltline Rd. Springfield, OR 97477 | | \$12,000.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Cool ☐ Loan Re ☐ Suppliers ☐ Other | ard payment s or vendors | |
| 7. | Within 1 year before you filed for bankruptour Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | ortners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yog g securities; and a | ou are a gener ny managing a | al partner; corporations agent, including one for | |
| | Yes. List all payments to an insider. | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | |
| | Include payments on debts guaranteed or cos ■ No □ Yes. List all payments to an insider | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name | |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | ne case | |
| | Case number | | G , | | | | |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | shed, attache | d, seized, or levied? | |
| | □ No. Go to line 11. | | | | | | |
| | Yes. Fill in the information below. | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | |
| | D : 1 0 15 1 10 15 11 : | Explain what happened | | 40/0 | 040 | #0.500.00 | |
| | Register Guard Federal Credit Union. c/o Carolyn Smith, CEO 850 Beltline Rd. Springfield, OR 97477 | ■ Property was reposse □ Property was foreclos □ Property was garnish | ossessed. closed. | | | \$3,500.00 | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Property was attached, seized or levied.

| 11. | accounts or refuse to make a payment be No | | , did any creditor, including a bank or financial ins e you owed a debt? | titution, set off any a | amounts from your | | | | | |
|-----|--|--------|--|---|---------------------------|--|--|--|--|--|
| | Yes. Fill in the details. | | | | | | | | | |
| | Creditor Name and Address | D | escribe the action the creditor took | Date action was taken | Amount | | | | | |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, or | | was any of your property in the possession of an a her official? | ssignee for the ben | efit of creditors, a | | | | | |
| | ■ No □ Yes | | | | | | | | | |
| Dor | | | | | | | | | | |
| | t 5: List Certain Gifts and Contribution | | | | | | | | | |
| 13. | Within 2 years before you filed for bankro No | uptcy, | did you give any gifts with a total value of more th | nan \$600 per person | ? | | | | | |
| | ☐ Yes. Fill in the details for each gift. | | | | | | | | | |
| | Gifts with a total value of more than \$60 per person | 0 | Describe the gifts | Dates you gave the gifts | Value | | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | | |
| 14. | Within 2 years before you filed for bankro ■ No □ Yes. Fill in the details for each gift or co | | did you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? | | | | | |
| | Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | Dates you contributed | Value | | | | | |
| Par | t 6: List Certain Losses | | | | | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy o | r since you filed for bankruptcy, did you lose anyt | hing because of the | ft, fire, other disaster, | | | | | |
| | No | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | Describe the property you lost and how the loss occurred | | ribe any insurance coverage for the loss | Date of your loss | Value of property lost | | | | | |
| | now the 1833 coounce | | de the amount that insurance has paid. List pending ance claims on line 33 of <i>Schedule A/B: Property.</i> | 1033 | iosi | | | | | |
| Par | t 7: List Certain Payments or Transfers | 3 | | | | | | | | |
| 16. | consulted about seeking bankruptcy or p | orepai | did you or anyone else acting on your behalf pay or ring a bankruptcy petition? ers, or credit counseling agencies for services required | | rty to anyone you | | | | | |
| | □ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | 'ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |
| | Evergreen Financial Counseling POB 1562 | 74 | | 4/17/17 | \$24.99 | | | | | |
| | Portland, OR 97062-9997 | | | | | | | | | |

Case number (if known)

Official Form 107

Debtor 1 Justin Paul Cerda

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | |
|--|---|---|----------------------------|----------------|---|-------------------------------|--|--|
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and variansferred | alue of any pro | perty | Date payment or transfer was made | Amount of payment | | |
| 18. | Within 2 years before you filed for bankruptor transferred in the ordinary course of your burneled both outright transfers and transfers mainclude gifts and transfers that you have already No Yes. Fill in the details. | usiness or financial affa ade as security (such as | airs? the granting of a | | | | | |
| | Person Who Received Transfer Address | | property transferred paym | | e any property or ts received or debts exchange | Date transfer was made | | |
| | Person's relationship to you | | | paid iii e | excitatinge | | | |
| | John Doe | 1995 Toytota 4R | lunner | 1200 | | 4/2016 | | |
| 19. | None Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | | y property to a | self-settled t | trust or similar device | of which you are a | | |
| | ■ No | de meest | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of trust | erred | Date Transfer was made | | | | | |
| Par | t 9: List of Cortain Financial Accounts Ins | etrumente. Safa Danasi | t Boyos and St | orago Unite | | maue | | |
| List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, crec houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | , , | | |
| | Name of Financial Institution and | Last 4 digits of | Type of accou | int or E | Date account was | Last balance | | |
| | Address (Number, Street, City, State and ZIP Code) | account number | instrument | n | closed, sold, noved, or ransferred | before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed for | bankruptcy, ar | y safe depo | sit box or other depos | itory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe th | e contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit o | or place other than you | home within 1 | year before | you filed for bankrupto | ey? | | |
| ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe th | e contents | Do you still have it? | | |
| | | , | | | | | | |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Justin Paul Cerda Case number (if known)

| Par | t 9: | Identify Property You Hold or Control for S | Someone Else | | | | |
|---|--|--|---|-------|------------------------------------|-----------------------|--|
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | |
| | | No Yes. Fill in the details. | | | | | |
| | | wner's Name ddress (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | scribe the property | Value | |
| Par | t 10 | Give Details About Environmental Informa | ition | | | | |
| For | the | purpose of Part 10, the following definitions a | apply: | | | | |
| | tox | vironmental law means any federal, state, or l ic substances, wastes, or material into the ai julations controlling the cleanup of these sub | r, land, soil, surface water, groun | _ | • | | |
| | | e means any location, facility, or property as o own, operate, or utilize it, including disposal : | | law, | whether you now own, operate, | or utilize it or used | |
| | | zardous material means anything an environr cardous material, pollutant, contaminant, or s | | s wa | ste, hazardous substance, toxic | substance, | |
| Rep | ort | all notices, releases, and proceedings that yo | u know about, regardless of whe | n the | ey occurred. | | |
| 24. | Ha | s any governmental unit notified you that you | may be liable or potentially liable | e uno | der or in violation of an environm | ental law? | |
| | | No Yes. Fill in the details. | | | | | |
| | | ame of site ddress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | ıd | Environmental law, if you know it | Date of notice | |
| 25. | Ha | ve you notified any governmental unit of any | release of hazardous material? | | | | |
| | | No Yes. Fill in the details. | | | | | |
| | | ame of site ddress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | ıd | Environmental law, if you know it | Date of notice | |
| 26. | Ha | ve you been a party in any judicial or adminis | trative proceeding under any env | iron | mental law? Include settlements | and orders. | |
| | | No Yes. Fill in the details. | | | | | |
| | | sse Title sse Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | |
| Par | t 11 | : Give Details About Your Business or Con | nections to Any Business | | | | |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | y business? | |
| | | | | | | | |
| | | | | | | | |
| | | ☐ A partner in a partnership | | | | | |
| | | ☐ An officer, director, or managing executi | ive of a corporation | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | otor 1 Justin Paul Cerda | Ca | Case number (if known) | | | |
|-----------------------|---|--|---|--|--|--|
| | | | | | | |
| | No. None of the above applies. Go to | Part 12. | | | | |
| | lacksquare Yes. Check all that apply above and fill | Il in the details below for each business. | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | | |
| | (Number, Street, Step, State and En South | Name of accountant or bookkeeper | Dates business existed | | | |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement to a | nyone about your business? Include all financial | | | |
| | ■ No | | | | | |
| | Yes. Fill in the details below. | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | |
| Par | t 12: Sign Below | | | | | |
| are t with 18 U | true and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571. | false statement, concealing property, or o | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. | | | |
| | Justin Paul Cerda stin Paul Cerda | Signature of Debtor 2 | | | | |
| | nature of Debtor 1 | | | | | |
| Dat | e _April 11, 2017 | Date | | | | |
| Did ■ N | • | ent of Financial Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)? | | | |
| ■ N | | | | | | |
| ЦΥ | es. Name of Person Attach the Bankru | upicy Petition Preparer's Notice, Declaration, a | ина Signature (Опісіаї Form 119). | | | |

United States Bankruptcy Court District of Oregon

| In re | Justin Paul Cerda | | Case No. | |
|--------|-------------------|--|----------|-----------------------|
| | | Debtor(s) | Chapter | 13 |
| The ab | | STATION OF CREDITOR ME | | of his/her knowledge. |
| Date: | April 11, 2017 | /s/ Justin Paul Cerda Justin Paul Cerda | | |
| | | Signature of Debtor | | |